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Connecting California

Presentation for the Washington State Health Care Authority

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Agenda

- The Current Climate: California's Health Care System
- California's Response: The Vision of CalRHIO
- A new era: "The stars align"
  - Patients, Providers, Plans, Vendors, Government (Federal, State, Local)
- Challenges ahead in connecting California

1936

2005

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What is the result?

30% of the time, physicians can't find information previously recorded in a paper chart

50% of the time, patients agree to duplicate testing ($$$)

1 in 7 admissions to a hospital and 1 of 5 lab tests and radiology exams are the result of being unable to retrieve information

On average, test results come from *5 or more locations,* delivered via mail, fax, e-mail, messenger, telephone

*Electronic Medical Records – Getting it Right and Going to Scale. W. Edward Hammond, III, Ph.D. Commonwealth Fund background paper. www.cmwf.org publication #695. January 2004.

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The Baseline: Nowhere to go but UP

Estimates for California consumers and patients

20 %: refill prescriptions on line

10 %: make appointments online

5 %: email with physician

5 %: create a personal health record online

Source: Structured inquiry of California health care leaders, November 2004

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The Vision

When I go to see my doctor, she or he will have all the information needed right on the spot.

I won't have to fill in any more forms, lab tests won't be repeated.

My doctor will know if I've been to see another doctor, or to a hospital, and what medicines I'm taking.

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The Vision

If I'm taken to the hospital in an emergency, all the information needed to take care of me will be available - within seconds.

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The Vision

I have my own personal health record, that I can access on my home computer or as a printed record.

It has all the latest information needed about

- my medical history
- current conditions
- medicines I'm taking
- the doctors caring for me
- information about my medical conditions

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The Vision

If there is a public health emergency…. my records will be available to treat me or my family at any location.

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Current Climate

- Technology now makes data exchange possible, affordable
- California and other states are mobilizing efforts
- HIPAA regulations exist and other privacy and security standards under development
- Natural disasters, increased focus on patient safety have heightened demand

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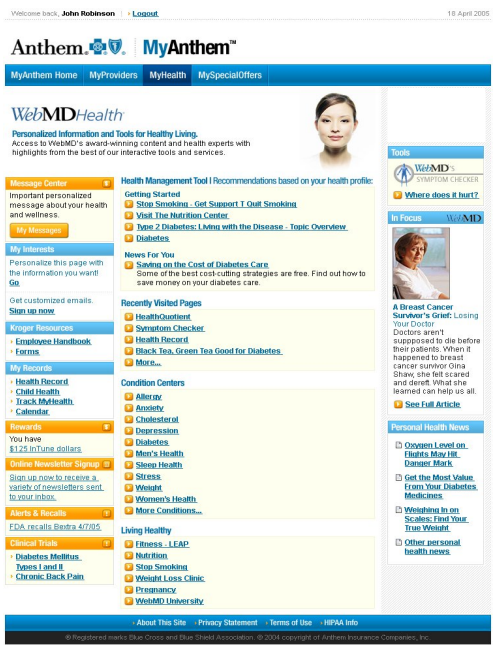
New Technology



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National HIT Picture

- Federal advocacy for health care IT
  - Secretary Leavitt a strong proponent
- Limited federal funding
- Re-structuring the market
  - Establishing standards
  - Privacy and security legislation
  - Safe harbor
  - Accrediting products as standard-compatible
  - Stimulating national 'highway'
- Congressional stampede
  - 10+ bills

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Mission

A collaborative statewide initiative to improve the safety, quality, and efficiency of health care through the use of information technology and the secure exchange of health information.

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Purpose

- Independent umbrella organization
- Incrementally build a statewide HIE
- Establish a common approach
- Sponsor pilots and demonstration projects
- Ensure inclusion of safety providers and underserved populations
- Build on regional and national efforts; ensure consistency with national technology platforms
- Identify and support legislation and regulation necessary

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CalRHIO's Role

- help create common governance, process, technology, and other elements needed for regional and statewide data exchange organizations
- help organizers of local and regional data exchange efforts within California work toward common goals and share what they develop and learn
- ensure that California's data exchange projects are consistent with national technology platforms and networks
- identify legislation and regulation necessary for statewide data sharing

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CalRHIO Core Functions

Convene, Communicate, Educate

- Act as central hub for other HIE networks in California
- Provide leadership on interoperability across provider and payer systems
- Coordinate with ONCHIT, Markle, eHealth Initiative, HL7, HIMSS, CCHIT
- Inform the public and media
- Provide representation on policy affecting HIT
- Collect and disseminate best practices for RHIOs and stakeholder policies
- Identify and maintain stakeholder contacts, potential partners in initiatives
- Provide templates and guidelines for governance, business and use cases

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CalRHIO Core Functions

Analyze, Assess, Organize Collaboration

- To enable state data exchange activities, develop use cases and requirements; value propositions including decisions support; business cases – methodologies, tool kits
- Promote IT-enablement of providers/plans/consumers
- Recommend standards and nomenclature for data exchange and communication standards consistent with national developments; develop recommendations for statewide standards as necessary
- Identify gaps, needs, barriers to progress, solutions; develop private and public policy and program recommendations to address
- Regarding State legislation and regulation, review needs and recommendations, conduct advocacy through stakeholders as appropriate
- Address privacy and security issues

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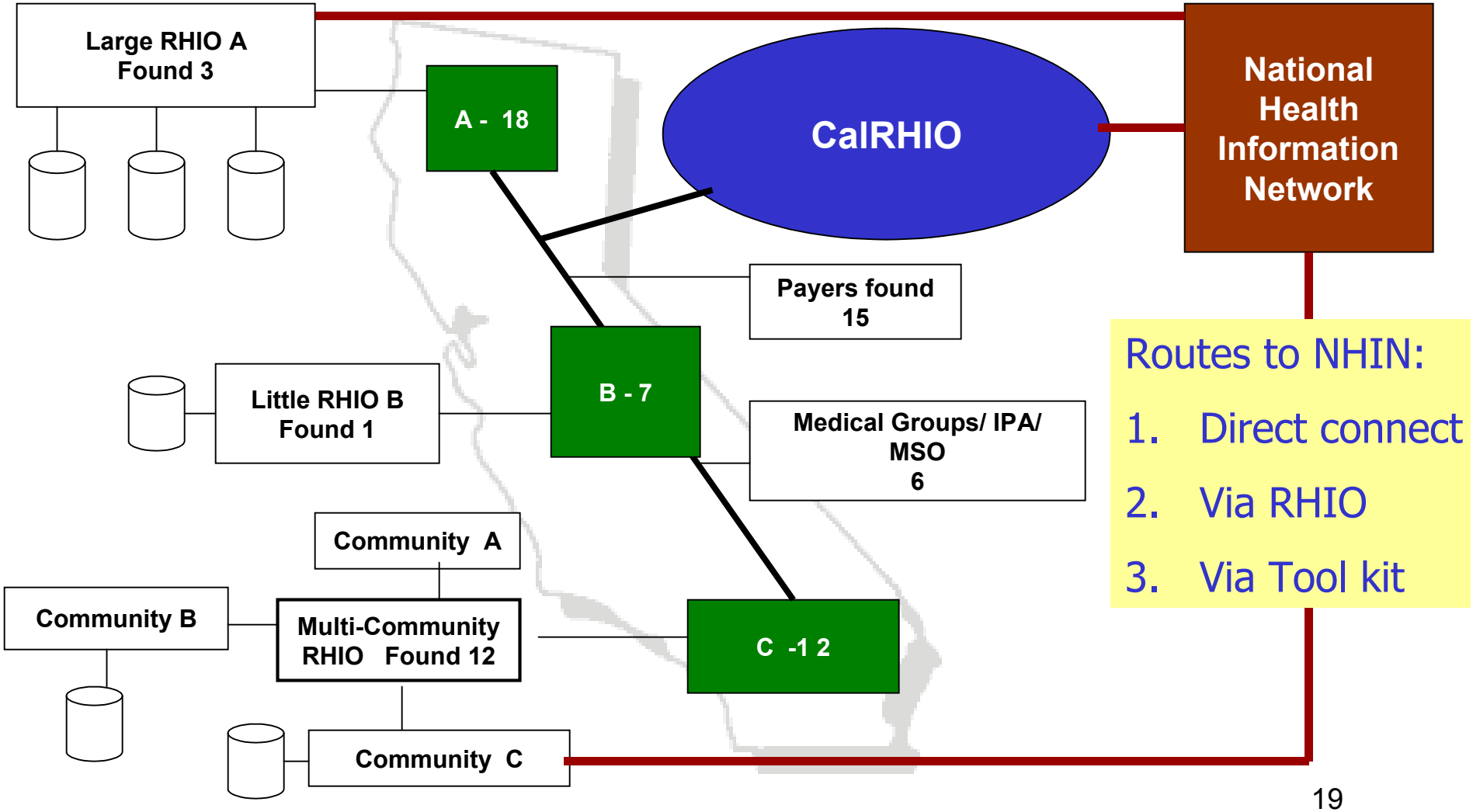
Statewide Highway for Patient Query and Record Locator



Routes to NHIN:

1. Direct connect
2. Via RHIO
3. Via Tool kit

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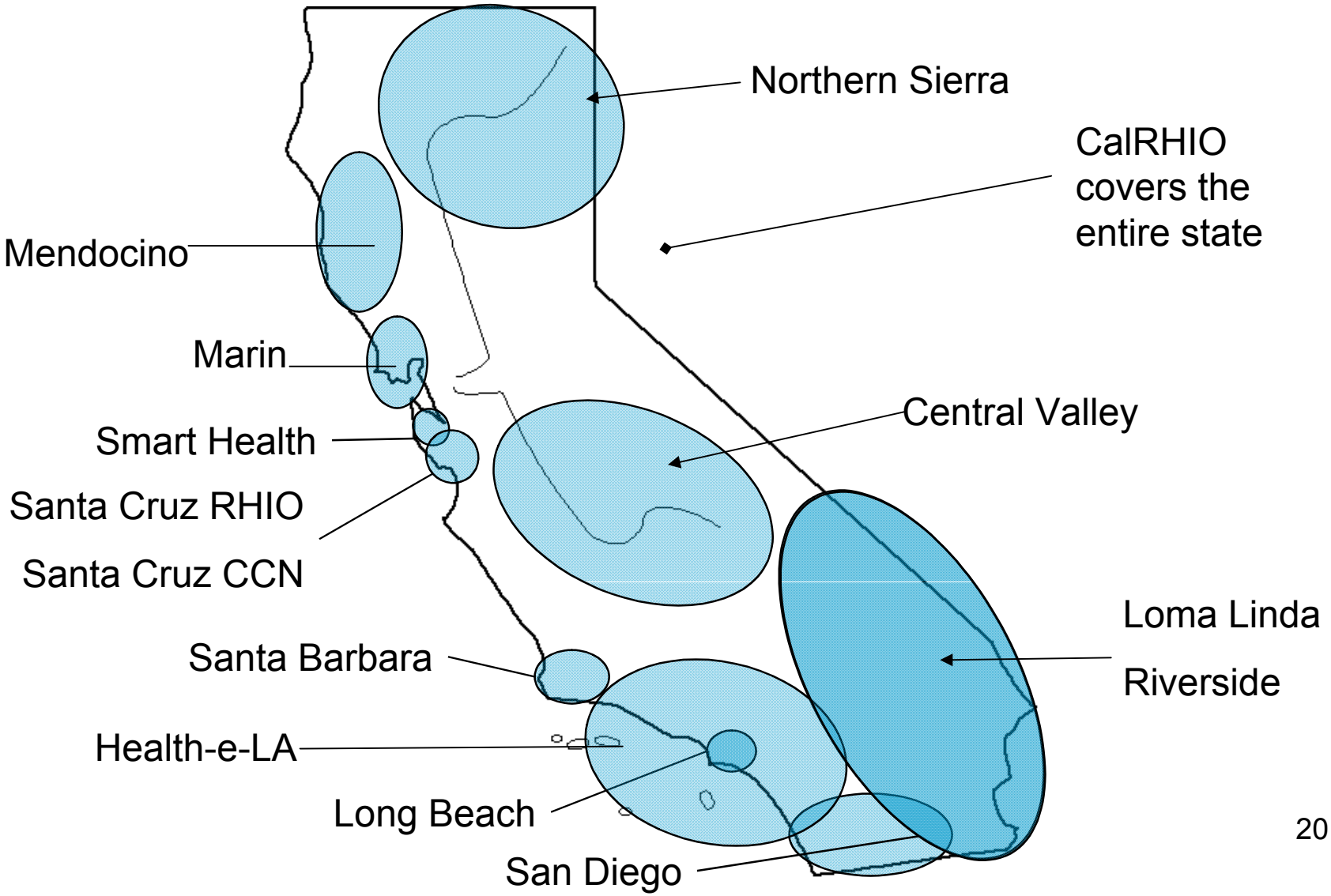
Current Activity



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Stages of HIE Initiatives

	Stage 1: ID NEED	Stage 2: ORGANIZE	Stage 3: PLAN, FUND	Stage 4: IMPLEMENT	Stage 5: OPERATE	Stage 6: EXTEND
Definition of Stage	• Recognition of the need for HIF among multiple stakeholders in you state, region or community	• Getting organized • Defining shared vision, goals & objectives • Identifying funding sources • Setting up legal and governance structures	• Transferring vision, goals & objectives to tactical and business plans • Defining needs and requirements • Securing funding	• Well underway with implementation of technical, financial and legal	• Fully operational health information organization • Transferring data that is being used by healthcare stakeholders • Sustainable business model	• Demonstration of expansion of organization to encompass a broader coalition of stakeholders than present in the initial model
Who is in Stage	• Riverside Regional Health	• Smart Health	• CalRHIO • Long Beach • San Diego MINE • California Assoc of Physician Groups (CAPG) • Central Valley: Merced & Fresno • Mendocino – SHARE • Health-e-LA • N. Sierra Rural Health Network	• Santa Barbara • Loma Linda • Central Valley: Tulare • Santa Cruz: Com. Chronic Care Network		• Marin County Medical Concepts • Santa Cruz RHIO

Source for Stage Definitions:
eHealth Initiative
Connecting Communities for Better Health
2nd Annual Survey

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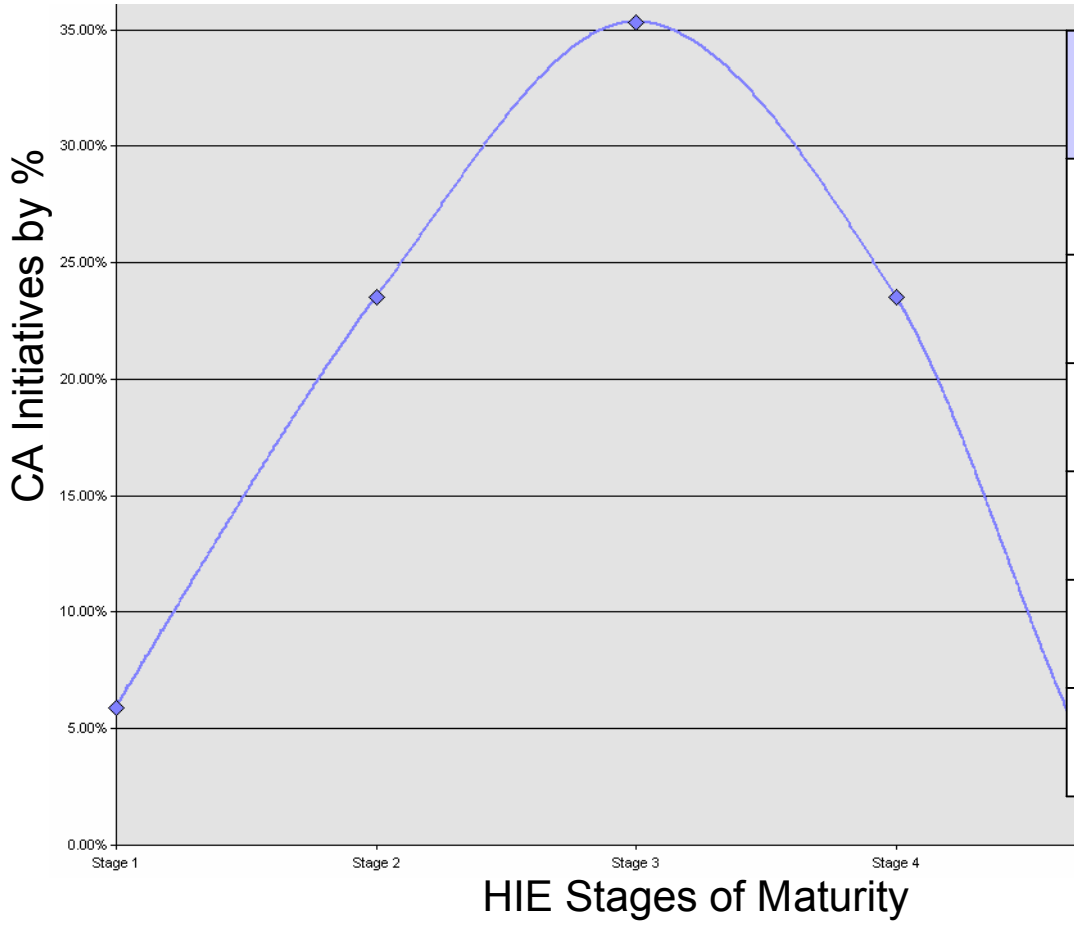
Initiatives by Stage

A third of California's initiatives are in planning/funding stage; a quarter are getting organized, another quarter are implementing.



Stage	% at Stages State	Natl.
Stage 1 – ID Need	6%	12%
Stage 2 - Organize	6%	14%
Stage 3- Plan and Fund	50%	15%
Stage 4 - Implement	25%	37%
Stage 5 – Fully Operational	0%	12%
Stage 6 – Expand stakeholders	13%	11%

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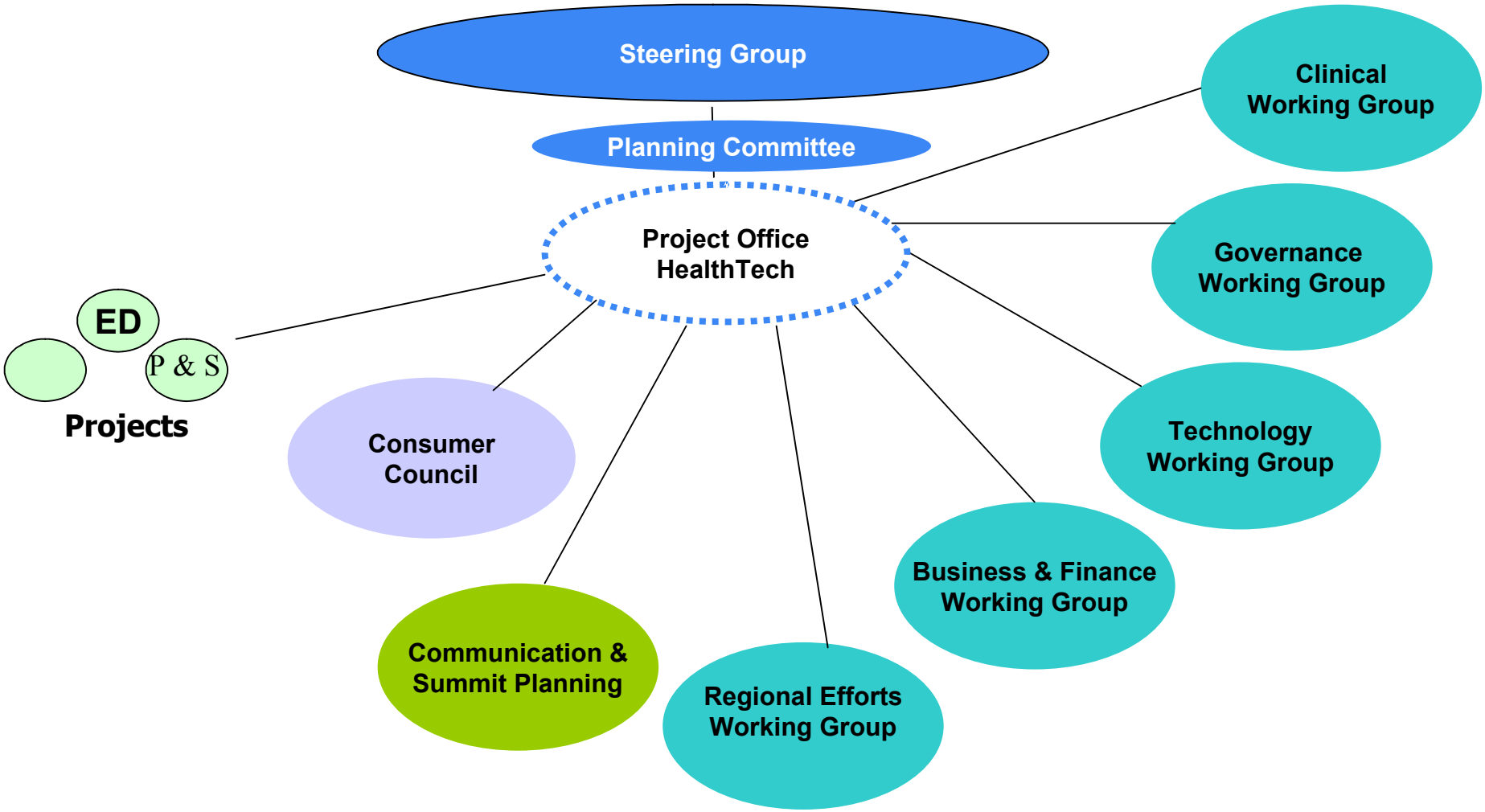
CalRHIO Organization-History



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CalRHIO Statewide Projects

Emergency Department Linking Project

Enable EDs to access vital information to care for patient care which include the clinical data set approved by Clinical WG

Medication Management

Medication history – develop an emergency response system of prescription history for patients who opt in, first in ED then extend

Personal Health Records

Starting with key populations, make available meaningful health records to consumers

Infrastructure

Statewide eMPI and record locator with ability for local region to implement on a common standard

Administrative Efficiencies

Assist safety net, rural providers to access patient data, eligibility

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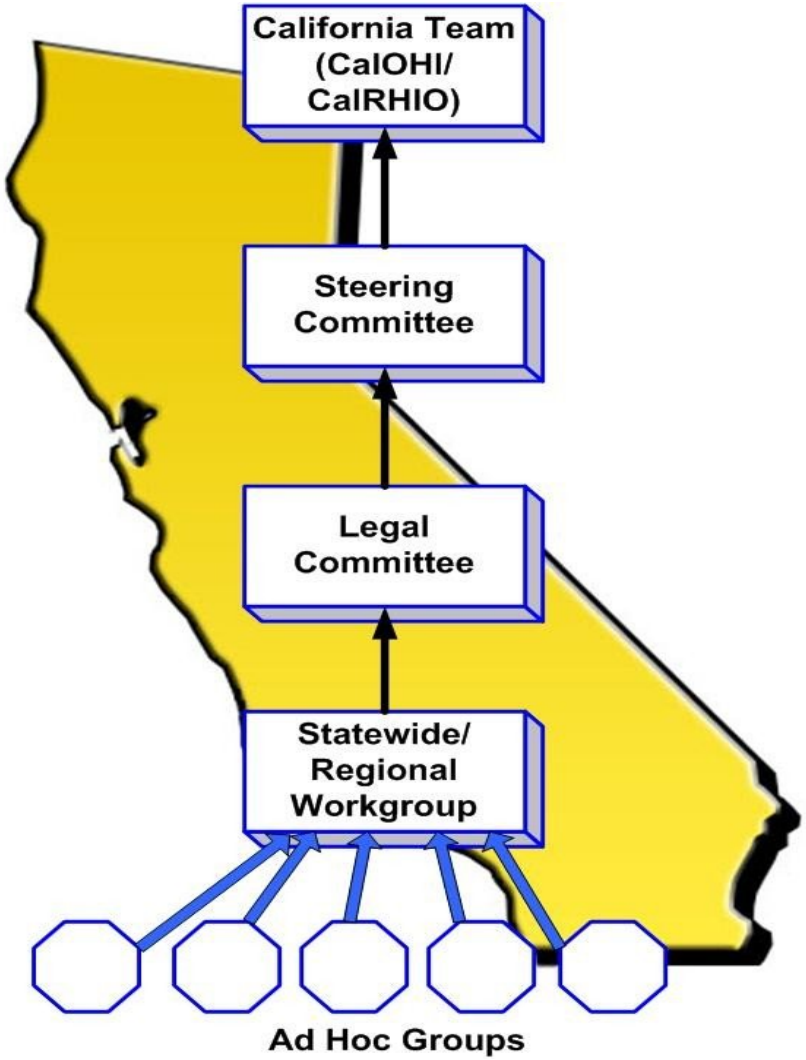
Privacy and Security RFP: California's Response

- CalRHIO with CalOHI (Office of HIPAA Implementation) developed joint response to RTI
- Funding from RTI to California will total $350,000 - *matching funds needed*
- Steering Committee made up of State and CalRHIO stakeholders
- Project to cover 12 months with 3 reports and 1 national meeting to discuss results



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Emergency Dept Linkage

Testing assumptions on a manageable, incremental scale

- Objective: Enable EDs to access critical clinical information from key data sources
- Issued RFI – February 9; due March 15 – see www.calrhio.org
- Seeking broad technology solutions with creative solutions
- Pilot test, three or more separate EDs in two to three regions/communities

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California Participant Overview

	State-wide	Standalone Project Scope		
Participant Type	**Universe**	**ED LInk**	**Med Mgmt**	**Admin Efficiency**
Physicians	50,000		50,000	50,000
Hospitals	370			370
Emergency Departments	277	277		
Independent Labs	500	500		
Independent Radiology	503	503		
Chain Pharmacies	3,098		3,098	
Independent Pharmacies	2,082		2,082	
Nursing Homes	1,084			
Home Health Agencies	834			
Insurers	22	22	22	22

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Data and Messaging Standards

- Stakeholders requested “recommended list of data standards” for California
- A guide for purchasing, managing upgrades as well as participation in CalRHIO network
- Will be tested within CalRHIO pilot projects and continuously updated
- Developed by HealthTech, in discussion with Tech WG; aligned with ONCHIT, ANSI work group, AHIMA, CHCF’s CALINX

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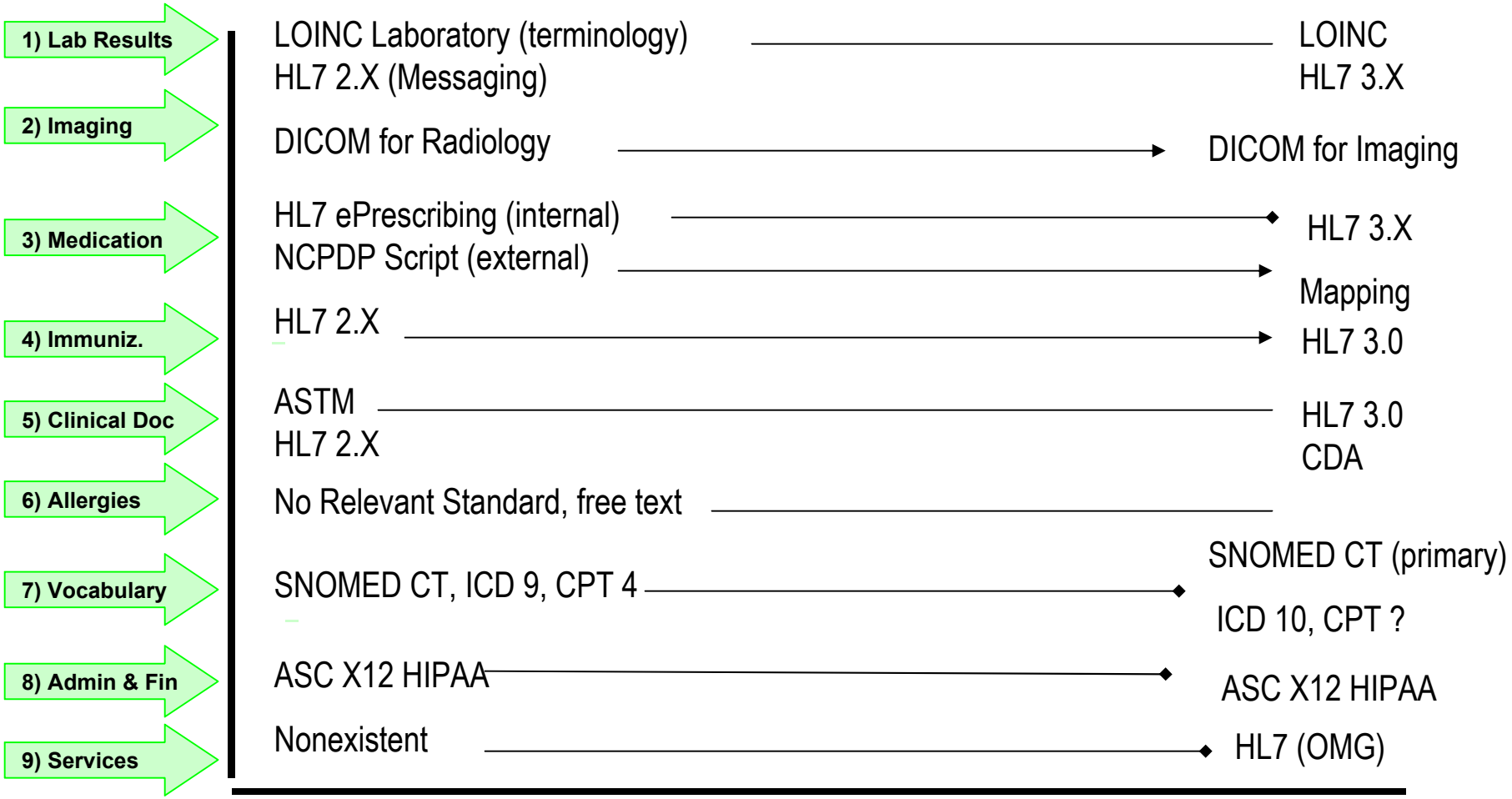
Technology WG:
Data Exchange Road Map



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Business Case for Sustainability

- Results forthcoming from Health Alliant, to show financial benefits
  - Identify benefits of regional and statewide health information exchange
  - Identify options for financial sustainability
- Financing model for the next three to five years :
  - Financial drivers
  - Potential savings
  - Development costs
  - Capital requirements
  - Ongoing operating expenses
  - ROI potential
  - Assignment of resources
  - Prioritization of projects

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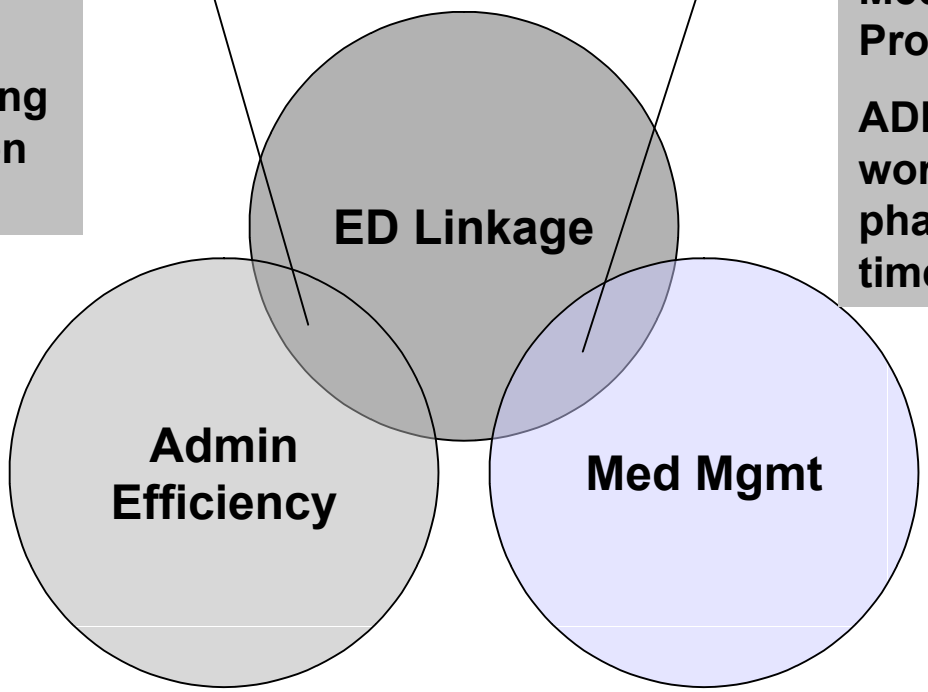
Opportunity Overlap of Projects

Patient Identity resolution

Eligibility checking & pre-certification



Medication History Profile

ADEs, patient work-up time, pharmacy callback time

Infrastructure

Source: Health Alliant Business Case

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Questions & Challenges

- How will we finance interoperability?
- Are we doing the right things? How do we know?
- How far does CalRHIO venture into technology solutions?
- Addressing the have vs. have-not gap
- Will RHIO proliferation adversely affect large systems?
- Need focus on clinical needs, not financial/encounter systems?
- Foster innovation, but set deadlines
- Is the PHR realistic or a panacea?
- Enabling and motivating physicians to use EHRs
- Beyond interoperability: decision support

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Resources available to you

Web site

- All mtg minutes and presentations for first year
- Governance documents for options to organize
- Data standards recommendations
- Clinical minimum data set
- Technology strategy “road map” (coming)
- Architectural options
- Personal Health Records – evaluation criteria (coming)
- Business cases/ROI (coming)

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Action Items: A Full Plate!

- Privacy and Security CalRHIO working w/CalOHI
- Publish HIE data and message standards
- Complete data sharing agreement template
- Complete business case analysis
- ED Linking Project - launch pilot "solution"
- PHR consumer comparison tool
- Define technical highway "infrastructure" *incrementally*
- Education: state, county, consumers
- Maintain initiative inventory

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www.CalRHIO.org